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MEDICATION RELEASE FORM

Participant's Name: _____ Date: _____

Medicine: _____

Dosage To Be Given: _____

Time To Be Given: _____ (a.m. /p.m.)

For How Long: _____

Doctor's Name: _____

Doctor's Phone Number: _____

RELEASE OF LIABILITY AND INDEMNIFICATION

As a condition to being granted access to any facility owned by the city of Las Vegas, and authorization to participate in any event or program, including, without limitation, any class, tournament, special event or other activity administered or sponsored by the DEPARTMENT OF PARKS AND RECREATION of the City, the undersigned, by signing below at the appropriate signature line, acting either (i) for himself or herself as a participant ("Participant") in an event or program administered or sponsored by the Department of Parks and Recreation, or (ii) as the parent or legal guardian of the Participant on behalf of the Participant, and in either case acting as the representative of the heirs and of the executor or administrator of the estate of the Participant, hereby now and forever, waives and releases the city of Las Vegas, its officers, employees, agents and representatives, from any and all liability for personal injuries and/or property damage sustained or suffered by the Participant as a result or consequence of the Participant participating in any of the aforementioned events or programs.

In addition to the waiver and release set forth herein, the undersigned, as the Participant, or as the parent or legal guardian of the Participant, agrees to defend, indemnify and hold the City, its officers, employees, agents and representatives, harmless from any and all claims, demands, suits, judgments, awards or any other form of liability for personal injuries and/or property damage, which is the result of the Participant's negligent act or omission in connection with the Participant's participation in any of the aforementioned events or programs administered or sponsored by the Department of Parks and Recreation, or use of any facility owned by the city of Las Vegas in connection therewith.

PARENT OR LEGAL GUARDIAN

Print Name: _____

Signature: _____

Relationship: _____ Date: _____